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# Response to Appeal application form

(Primary Health Lists)

**For office use only**

Office stamp (date received)

Case reference number:

**Use this form to:**

- Use this form to respond to an appeal application to the First-tier Tribunal (Primary Health Lists) in all cases.
- Tick the appropriate box or boxes and provide the relevant information for your appeal.
- Please complete by hand or on line using **dark ink** and then posted or faxed to the Primary Health Lists office. Alternatively, it can be sent electronically.
- Please write clearly.

**A: Respondent's details****Please provide the following details:**Reference and/or  
contact name

Address

Postcode

Telephone number(s)  
(include any mobile)

Fax number

Email address

All correspondence will be sent to your Representative should there be one. If **not** all documents will be sent to your address above.

**B: Legal representative's details**Solicitor's name/  
reference details

Address

Postcode

Telephone number(s)  
(include any mobile)

Fax number

Email address

## C: Appeal jurisdiction

Is this response in relation to an appeal against:

(tick as appropriate)

- ☐ Removal from Performers List
- ☐ Conditional Inclusion on the Performers List

☐ Other – please state:

## D: Reasons for opposing the appeal

Say here if you oppose the appeal and provide the reasons for your opposition

Continue on a separate sheet, if necessary.

**Note:** If you are late in sending your response application you can ask for an extension of time by giving your reasons for the delay.

Please provide copies of any letters or documents in relation to the respondent's case.

## E: Directions, press and public

- a. Do you want a Preliminary Directions Hearing?

☐ Yes

☐ No

- b. The hearing will be heard in public unless the tribunal direct that it, or any part of it be heard in private. If you want the hearing or part of it to be heard in private, say why here.

- c. The tribunal can make an order prohibiting the disclosure or publication of any specified document or information relating to the appeal proceedings. If you want the tribunal to make such an order, say what you want and why.

- d. Would you be content for the appeal to be considered without an oral hearing if the tribunal considers it appropriate?

☐ Yes

☐ No

- e. If there is an oral hearing please state provisionally how long you think it will take for you to present the respondent's case.

- f. Give the earliest date when you think your case will be ready for the hearing.

Day

Month

Year

## F: Time limits

### Time limit to respond to appeal application

Please note: you **must** complete and return your **response** within:

- **21 days** of the date you receive a copy of the appeal application.

**Return this form to:**

**By post:**

HM Courts & Tribunals Service  
Primary Health Lists  
1st Floor, Darlington Magistrates' Court  
Parkgate  
Darlington  
DL1 1RU

**By email:**

primaryhealthlists@hmcts.gsi.gov.uk

**By Fax:**

01264 785013

For further information about appeals to the Tribunal you can log on to the Primary Health Lists section of the Tribunal Service web site: [www.justice.gov.uk/tribunals/primary-health-lists](http://www.justice.gov.uk/tribunals/primary-health-lists)

**You must copy your response and any additional documents to the applicant or their representative at the same time you send it to the tribunal.**